

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10716122**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52		/						
3							53		/						
4							54		/						
5							55		/						
6							56		/						
7							57		/						
8							58		/						
9							59		/						
10							60		/						
11							61		/						
12							62		/						
13							63		/						
14							64		/						
15							65	/							
16							66		/						
17							67		/						
18							68		/						
19							69		/						
20							70		/						
21							71								
22							72								
23							73								
24							74								
25							75								
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36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								